

COMMONWEALTH OF
PENNSYLVANIA
COUNTY OF:



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number:

MDJ: Hon.

Address:

Telephone: ()

DEFENDANT: (NAME and ADDRESS):

First Name

Middle Name

Last Name

Gen.

NCIC Extradition Code Type

1-Felony Full	5-Felony Pend.	C-Misdemeanor Surrounding States	Distance: _____
2-Felony Ltd.	6-Felony Pend. Extradition Determ.	D-Misdemeanor No Extradition	
3-Felony Surrounding States	A-Misdemeanor Full	E-Misdemeanor Pending	
4-Felony No Ext.	B-Misdemeanor Limited	F-Misdemeanor Pending Extradition Determ.	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed / /	OTN/LiveScan Number	Complaint/Incident Number	Request Lab Services? YES NO
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GENDER	DOB / /	POB	Add'l DOB / /	Co-Defendant(s)
Male	First Name	Middle Name	Last Name	Gen.
Female	AKA			

RACE	White	Asian	Black	Native American	Unknown
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ETHNICITY	Hispanic	Non-Hispanic	Unknown
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HAIR COLOR	GRY (Gray)	RED (Red/Aubn.)	SDY (Sandy)	BLU (Blue)	PLE (Purple)	BRO (Brown)
	BLK (Black)	ONG (Orange)	WHI (White)	XXX (Unk./Bald)	GRN (Green)	PNK (Pink)
	BLN (Blonde / Strawberry)					

EYE COLOR	BLK (Black)	BLU (Blue)	BRO (Brown)	GRN (Green)	GRY (Gray)
	HAZ (Hazel)	MAR (Maroon)	PNK (Pink)	MUL (Multicolored)	XXX (Unknown)

DNA	YES NO	DNA Location	WEIGHT (lbs.)
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FBI Number	MNU Number
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Defendant Fingerprinted	YES NO	Ft. HEIGHT In.
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Fingerprint Classification:

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Veh.	Oth. NCIC Veh. Code	Reg. same as Def.
VIN	Year	Make	Model	Style	Color		

Office of the attorney for the Commonwealth Approved Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, _____
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of _____
(Identify Department or Agency Represented and Political Subdivision) (Police Agency ORI Number)

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
I accuse the defendant whose name is unknown to me but who is described as _____

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have
therefore designated as John Doe or Jane Doe
with violating the penal laws of the Commonwealth of Pennsylvania at []

(Subdivision Code) (Place-Political Subdivision)

in _____ County [] on or about _____
(County Code) (Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number
Defendant Name	First:	Middle:	Last:

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

Inchoate Offense	Attempt 18 901 A	Solicitation 18 902 A	Conspiracy 18 903	Number of Victims Age 60 or Older _____
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			of the					
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Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
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PennDOT Data (if applicable)	Accident Number		Interstate	Safety Zone	Work Zone
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Statute Description (include the name of statute or ordinance):

Inchoate Offense	Attempt 18 901 A	Solicitation 18 902 A	Conspiracy 18 903	Number of Victims Age 60 or Older _____
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			of the					
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Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
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PennDOT Data (if applicable)	Accident Number		Interstate	Safety Zone	Work Zone
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Statute Description (include the name of statute or ordinance):

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			of the					
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Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
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PennDOT Data (if applicable)	Accident Number		Interstate	Safety Zone	Work Zone
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Statute Description (include the name of statute or ordinance):

Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.

Acts of the accused:



Docket Number:	Date Filed: / /	OTN/LiveScan Number		Complaint/Incident Number
Defendant Name	First:	Middle:	Last:	

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
4. This complaint consists of the preceding page(s) numbered ___ through ___.
5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

(Date) (Year) (Signature of Affiant)

AND NOW, on this date _____ I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)

